FOR INSTRUCTIONS, SEE BACK OF FORM			
DISCLOSURE SUMMARY PAGE	S IA ETHIC	FORM DR-2 S AND (Rev. 01/8	DISCLOSURE REPORT
COMMITTEE NAME (Must be same as on Statement of Organization Taylor County Democratic Woo		For Office Us	45.14
IMPORTANT: Indicate type of committee you are reporting for:		Audited	
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) Cou (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central (8) Support State of Candidates	nty/Local Candidate Committee	Computer	
Trong John	7/2-585-33	69	0 446 0 00
SIGNATURE OF TREASURER (or person filing this report)	TELEPHONE	DAT	E SIGNED
Routine Penalties Due For Late Filed	Reports Range fro	om \$20 to \$800	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLL			
I AM FILING A July 19, 2009REPO (report date)			ECTION YEAR.
□CHECK IF AMENDMENT TO REPORT DATED		ocal Committees, ent	er Date of Election
Check if this is final (termination) report and attach Notice of Dissolution (You must continue to file reports until a Notice of Dissolution	ution Form DR-3. is filed.)	ounty & Local Comm hich Election is held	ittees, enter County in
STATEMENT OF CA	ASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (This is the of all monies held by the committee. This amount MUST be to same as the cash on hand at the end of the last reporting perior must be zero if this is first report filed.)	total he	. 7	10 20
ADD TOTAL MONEY TAKEN IN THIS PERIOD	1,	3	72.38
Schedule A: Cash Contributions total (Attach Schedule A) Schedule F: Loans Received total (Attach Schedule F)			146.80
Schedule H: Total Sales of Campaign Property (Attach Sched	dule H)		
(Schedule H applies to Candidates' Committees C)nly)		
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			81908
Schedule B: Expenditures total (Attach Schedule B)	•••••••••••••••••••••••••••••••••••••••		72 - 71
Schedule F: Loan Repayments total (Attach Schedule F)		*****	·
CASH ON HAND at the end of this reporting period (if final report, balan be zero) (Attach DR-3)	nce must	\$	746.37
UNPAID BILLS (From Schadula D. Angels S. 1997)			
UNPAID BILLS (From Schedule D - Attach Schedule D)	••••••	\$	
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) OUTSTANDING LOANS (From Schedule F - Attach Schedule F)		\$	
CANDIDATE CONTROL (1911 Contedute F - Attach Schedule F)		\$	

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

FOI MISH WELLOIDS, SEE BECK OF FORM

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
CHE AME	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

100 100	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT	√ IF FOR FUND- RAISER
31 (09 CK8 Bingo Canteen receipts 127,15 33/09	1/24/09		unitemized contribution		\$ 10.00	INCOME
100,00 1	131/09		Bingo Conteen receipts		127,15	
2/17/29 CK# Unitemized Contribution 400 3-33-09 CK# Due5-4 members 8.00 5-11-09 CK# Bingo Conteen receipt 195.65 5-37-09 CK# Dues- one member 2.00 10# CK# ID# ID# ID# ID# ID# ID# ID# ID# ID# ID	3/3/09	,	405 Main St.		100,00	
3-33-09 CK# Dues-4 members 8.00 5-11-09 CK# Bingo Conteen receipts 195:65 5-37-09 CK# Dues- one member 2.00 1D# CK# ID# CK#	2/17/09	, , ,			400	
5-11-09 CK# Bingo Conteen receipts 195:65 10# 5-27-09 CK# Dues - one member 2.00 10# CK# 10# CK#	3-23-09	1	Dues-4 members		<i>"</i>	
5-27-09 CK# Dues - one member 2.00 ID# CK# ID# CK#	5-11-09		Bingo Conteen receipts		195:65	
CK# ID# CK#	5-27-09		Dues - one member		2.00	· · · · · · · · · · · · · · · · · · ·
CK#						·

SUB-TOTAL

Page ______ of ______

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLLININ AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA COMMITTEE NAME (Must be same as on Statement of Organization) Taylor County Democratic Woman

	1100 00000	7 Democratic Women	'	
DATE EXPENDED (MM/DD/YR)		NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2-17-09	ID#	Hy Vee 58 20 Wastown Ruy	Centeen expense	
	CK#	West Desthornes 1A 5 0266	\$ 213	\$ 3.99
	ID#			
3-23-09	CK#	Delber logers Memorial % Rogers FAMILY, 2128 310th of Bed Fort 1450	Memorial	50.00
_	ID#	Hyvee		
5-15-09	CK#	Wast Des Moines 1A 50046	Contesen expenses	1872
	ID#			
	CK#		• • • • • • • • • • • • • • • • • • • •	
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
- 1		· •		1

: Ln 2	PUES TO	CANDIDATES' COMMITTEES	MM V.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 56.6(3)(i).)

Page	 of	_/	
•	 		 -

TOTAL (if last page of this schedule)